Chapter 5 Health Care

South Carolina Cancer
Prevention and Control

Chapter 5. Health Care

Whether South Carolinians receive the best, most effective services, barely adequate care, or none at all depends on many factors, including income and where they live.

Because South Carolina is a rural state, many people live in counties without doctors who specialize in cancer care and without hospitals offering cancer services.

Income is also a factor. A study funded by the South Carolina Hospital Association found that nearly a third of South Carolinians are at risk of becoming medically indigent. People who are "medically indigent" cannot fully pay for all the health services they need. They include people who cannot pay all of their hospital or doctor bills, and people who decide not to get the care they need because they cannot pay for it. The medically indigent include South Carolinians who are unemployed, who work part-time and people who work full-time.

Most people think that Medicaid pays for medical care for all poor people in South Carolina, but because of tight eligibility requirements, more than half of the poor are uninsured at some point during the year. A South Carolinian does not qualify for Medicaid unless he/she is blind, permanently and completely disabled, or pregnant. On an average day, there are more than 500,000 uninsured people in the state. Nearly half of the uninsured in South Carolina are in families headed by a worker (Conover, 1992).

The medically underserved do not get the preventive health care they need. Poor

uninsured women, for example, are 50% to 60% less likely than insured women to have Pap smears and mammograms. For them and for the economy, that decision is penny-wise and pound-foolish: a study in Washington, DC, found that nearly 40% of all hospital care provided to the uninsured was medically preventable. In South Carolina, that translates to roughly \$25 million a year wasted on avoidable hospital care for the uninsured.

The total bill for medically indigent people is even higher. In 1990, US taxpayers spent \$1.5 billion to subsidize health care for those who did not fully pay their bills. The federal government, or taxpayers in all the states, paid about half of that \$1.5 billion. State and county governments covered \$258 million directly. Other sources, like cost-shifting to private paying patients in South Carolina, accounted for more than \$500 million.

The patchwork system of paying for health care for South Carolinians, and for all Americans, means that some people fall through the cracks of coverage into serious illness and death from preventable diseases, including cancer. It also means that some people will delay getting tested for cancer because they cannot afford it. When their cancers are eventually diagnosed, they will be advanced and will cause more suffering and earlier death than if they had been found early.

State-Aid Cancer Program

Solita McDowell, Coordinator, South Carolina State-Aid Cancer Program

The State-Aid Cancer Program was established in 1939 to treat medically indigent people diagnosed with cancer or abnormal Pap smears. Today, nine hospitals in South Carolina serve patients in the State-Aid Cancer Program (Table 5.1).

Eligibility

Patients must be residents of South Carolina to participate in the State-Aid Cancer Program. Additional eligibility is determined by medical and financial criteria. Patients in the program must be referred by a physician.

Medical Eligibility

To be medically eligible, the patient must have one of the following:

- A confirmed diagnosis of cancer by a cancer specialist.
- A high-grade precancerous cervical lesion.
- Diagnosis of Atypical Glandular Cells of Undetermined Significance (AGUS).
- Diagnosis of gestational trophoblastic disease.
- Blood disorders, including: myeloproliferative disease, myelodysplastic disease, and polycythemia vera.

As of August, 1998, the most prevalent cancer diagnosis in the State-Aid Cancer Program was breast cancer, followed by cervical cancer, lung cancer and colon cancer. (Table 5.2)

Table 5.1 State Aid Cancer Program Total Active Caseload by Provider

Provider	Number of Active Cases		
Anderson Area Medical Center	72		
Baptist Medical Center	84		
Greenville Memorial Hospital	328		
McCleod Regional Medical Center	123		
Medical University of SC	584		
Orangeburg Regional Medical Center	9		
Richland Memorial Hospital	340		
Self Memorial Hospital	54		
Spartanburg Regional Medical Center	184		
Total	1,778		

Active cases as of August, 1998. Prepared by State Aid Cancer Program staff.

Table 5.2. State Aid Cancer Program Most Prevalent Cancer Diagnoses

Diagnosis	Number
Breast	326
Cervical	128
Lung	82
Colon	79
Skin	54
Lymph Nodes	48
Uterine	48
Blood Disorders	45
Prostate	31
Ovarian	27

Active cases as of August, 1998. Prepared by the State Aid Cancer Program staff, 1998.

Table 5.3. Hospitals Providing State Aid Program Services

Hospital	Medical Oncology	Theraputic Radiology	Gynecological Follow-up	Outpatient Surgery
Anderson Area Medical Center	•	•		
Baptist Medical Center	•	•		•
Greenville Memorial Hospital	•	•	•	•
Regional Medical Center of Orangeburg	•	•		•
Medical University of South Carolina	•	•	•	•
McCleod Regional Medical Center	•	•		•
Richland Memorial Hospital	•	•	•	•
Self Memorial Hospital	•	•	•	•
Spartanburg Regional Medical Center	•	•	•	•

Financial Eligibility

To be financially eligible, a patient must be medically indigent (family income 250% of current Health and Human Services income guidelines), be without any type of insurance, and provide proof of medical indebtedness.

Services Provided

The State-Aid Cancer Program will pay for:

- Outpatient services.
- Prescription drugs for cancer-related treatment not provided by the Prescription Drug Patient Assistance Program.
- Outpatient dental care that is necessary for optimal cancer therapy.
- Palliative treatment for the relief of side effects/symptoms directly related to current or past cancer treatment.
- Outpatient surgery procedures.
- Radiation therapy.
- Chemotherapy.

Physicians' fees, transportation, inpatient care, cosmetic treatment or reconstructive treatment and home health care are not covered.

Physicians who care for State-Aid patients volunteer their services. Follow-up care is provided for five years from initial treatment. Patients are then referred back to their private physician.

Hospitals Participating in the State-Aid Cancer Program

Hospitals must meet certain criteria to receive state funds for the State-Aid Cancer Program. These include:

 Have and maintain accreditation by the American College of Surgeons' Commission on Cancer.

- Have oncologists willing to provide free services.
- Qualify for Health and Human Services Disproportionate Share funds.

Hospitals which serve State-Aid patients cluster in only eight South Carolina counties, leaving patients in some parts of the state to drive at least one and one-half hours to reach a participating hospital.

The availability and distribution of cancer care services makes it even more difficult for patients to get the care they need. For example, gynecological follow-up is offered in only five of the State-Aid hospitals: Greenville Memorial, Medical University of South Carolina, Richland Memorial, Self Memorial, and Spartanburg Regional Medical Center (Table 5.3). This means that patients in the southwestern counties, which include some of the poorest sections of the state, must travel all the way to Charleston for medical care.

Each year, the Cancer Control Advisory Committee recommends that DHEC request additional funds for outpatient care from the South Carolina General Assembly. However, state appropriations have remained constant, at around \$1.1 million per year.



Prescription Drug Patient Assistance Program

The Prescription Drug Patient Assistance Program provides prescription medicines free of charge to physicians whose patients might not otherwise have access to necessary medicines. Staff are encouraged to utilize all available free medication services to reduce costs to the hospitals, the State-Aid Cancer Program, and to the indigent patient.

Medically Indigent Assistance Program (MIAP)

This program covers up to \$15 million of inpatient hospital care for people not eligible for Medicaid or other government programs, and who do not have adequate resources to pay for their care. Their gross family income cannot exceed 200% of federal poverty guidelines. There is a MIAP office in each SC county.

Hospitals and Clinics in South Carolina

South Carolina has 72 acute-care general hospitals. In 1997, sixteen of these hospitals, recognized as providing quality cancer care, were approved by the American College of Surgeons' Commission on Cancer. To be approved, hospitals are required to have the following:

- Specific resources for state-of-the-art diagnosis, treatment, supportive and followup care, and access to clinical research programs.
- Accreditation by the Joint Commission on Accreditation of Health Care Organizations or certification of non-hospital medical institutions by national accrediting bodies.
- The four essential components of a hospital cancer program: a cancer committee, cancer conferences, patient care evaluation through a quality management program, and a cancer registry.

Approved Hospitals are:

- HCA Aiken Regional Medical Centers
- Anderson Area Medical Center
- Baptist Medical Center (Columbia)
- Grand Strand Regional Medical Center (Myrtle Beach)
- Greenville Hospital System
- McLeod Regional Medical Center (Florence)
- Medical University of South Carolina (Charleston)
- Moncrief Army Community Hospital (Columbia)
- The Regional Medical Center of Orangeburg/ Calhoun Counties
- Richland Memorial Hospital (Columbia)
- Roper Hospital (Charleston)
- Self Memorial Hospital (Greenwood)
- Spartanburg Regional Medical Center
- St. Francis Hospital (Greenville)
- Trident Regional Medical Center (Charleston)
- William Jennings Bryan Dorn VA Hospital (Columbia)

SC Primary Care Association

South Carolina Community Health Centers (CHC's) are located in areas which have been designated as medically underserved or areas which have a medically underserved population. This designation indicates areas in need of affordable and accessible medical services. There are 17 federally funded centers providing service through more than 35 service sites. These service sites include alternative delivery sites such as schools. A comprehensive array of

services is provided to patients based on the patient's assessed need. The centers also provide services such as nutrition and social work counseling, transportation, outreach, and financial resource assistance.

More than 140,000 South Carolinians use these services each year. Over 50% of these patients have little or no health coverage. South Carolina's centers provide services to 31 of the 46 counties in the state. In addition to these centers, there are more than 50 rural health clinics providing primary care to these targeted areas.

Clinical Trials

Reginald Brooker, MD, Medical Director, State-Aid Cancer Clinic, Greenville Memorial Hospital

There are many different types of clinical trials. They range from prevention, detection, and treatment of cancer to studies which lessen the stress of the disease and improve comfort and quality of life. However, they all have three important ingredients. They endeavor to answer research questions, to provide state of the art care, and to provide care in a manner which safeguards the recipients.

The basic purpose of clinical trials is to answer research questions and thus advance the knowledge and treatment of cancer. Until prevention or cure is found for all cancers, it is through the testing of new strategies and methods that therapy is advanced. This entails the uniform treatment and follow-up of many people, so that the true benefit of an intervention can be determined. New therapies can then be compared to current standards and adapted if proven to be better. At the same time, less effective treatments are superceded by better ones. In this way, overall treatment is improved and medical progress is advanced and this will benefit those who come afterward. The protocols are developed by experts in their field to provide the best known treatment in a preplanned manner that allows reliable conclusions to be drawn.

Safeguards are built into the treatment protocols to include institutional review by a board of physicians and lay persons to ensure the appropriateness and safety of a study. Patients must give informed consent stating that they have been fully informed about the study objectives, therapies and toxicities and have been informed about alternative treatment options. Additional safeguards are used to minimize toxicity and to make appropriate adjustments if toxicity occurs.

Physicians can thus be assured that through clinical trials they are rendering the best care, and patients can thus be assured that they are receiving the best care in the safest possible way while at the same time advancing treatment and understanding of cancer.